

LICENSE NUMBER

NYSID NUMBER

AMENDMENT FORM

FOR PISTOL LICENSE AND WEAPON PURCHASE

PDCS-4419-1

TODAY'S DATE

EXPIRATION DATE
OF LICENSE

INSTRUCTIONS: A \$5.00 FEE IS REQUIRED FOR EACH AMENDMENT 1 THROUGH 8. IN ADDITION, A \$5.00 FEE IS REQUIRED FOR EACH FIREARM IN 3, 4, AND 5. THE FEE MUST BE PAID BY CHECK OR MONEY ORDER, PAYABLE TO THE **S.C.P.D.**, CASH WILL **NOT** BE ACCEPTED. PRINT OR TYPE ALL INFORMATION IN BLACK INK ONLY. ANY REQUEST BY MAIL MUST BE ACCOMPANIED BY A SELF-ADDRESSED STAMPED ENVELOPE.

OFFICE HOURS ARE 9:00 A.M. to 4:30 P.M. MONDAY THRU FRIDAY

Name: _____ Telephone (Residence) _____ (Work) _____

Address: _____ D.O.B. _____

▼ **MAKE CHANGES BELOW** ▼

1. I have moved to: _____ New Telephone: _____

2. I have ☐ changed ☐ added my ☐ part ☐ full time employment _____
address: _____ occupation: _____

3. The following weapon(s) has been ☐ lost ☐ stolen ☐ destroyed. Police Case No. _____ Date: _____

MAKE _____ MODEL _____ CAL. _____ TYPE _____ SERIAL NO. _____

MAKE _____ MODEL _____ CAL. _____ TYPE _____ SERIAL NO. _____

4. The following weapon has been sold to: Name _____ Lic./Shield/Dealer NO. _____

MAKE _____ MODEL _____ CAL. _____ TYPE _____ SERIAL NO. _____

MAKE _____ MODEL _____ CAL. _____ TYPE _____ SERIAL NO. _____

5. The following weapon is being purchased from: Name _____ Lic./Shield/Dealer NO. _____

MAKE _____ MODEL _____ CAL. _____ TYPE _____ SERIAL NO. _____

MAKE _____ MODEL _____ CAL. _____ TYPE _____ SERIAL NO. _____

6. I request a duplicate license because my license has been ☐ lost ☐ stolen ☐ destroyed

7. I hereby request my file be forwarded to my new licensing jurisdiction : _____

as a result of a change of : _____ copies only () _____

RESIDENCE () BUSINESS () EMPLOYMENT () _____

8. Other: _____

False statements made herein are publishable as a Class "A" Misdemeanor
pursuant to Section 210.45 of the Penal Law, State of New York.

Officer _____ Signature _____ Date _____

▼ **OFFICIAL USE ONLY** ▼

Business verified by: _____ Date verified: _____

Duplicate license issued ☐ yes ☐ no _____ Date issued: _____

Application: Approved

Disapproved Commanding Officer: _____ Date : _____

Application: Approved

Disapproved Licensing Officer: _____ Date: _____